Neuropsychology Postdoctoral Fellowship Program

Washington DC VA Medical Center

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Application Due Date: December12th, 2019
Fellowship Year Begins: September 2020

Accreditation Status
The Neuropsychology Postdoctoral Fellowship Program at the Washington DC VA Medical Center is not currently accredited by the Commission on Accreditation of the American Psychological Association.

Application and Selection Procedures
The Fellowship program in Neuropsychology begins in September of 2020. This is a two-year full-time program with VA benefits, including 13 days annual leave, 13 days sick leave, health insurance, and 10 Federal holidays. Current stipend/salary is $51,237 for Year One. Our program is organized to provide two full years of postdoctoral training; however, advancement to the second year is contingent on successful completion of first year requirements.

We are recruiting for *one* Neuropsychology Fellowship position in 2020.

While we do not participate in the matching program for clinical neuropsychology postdoctoral residencies, applicants are encouraged to attend the North America Meeting of the International Neuropsychological Society (INS) in February, where we will interview applicants who have successfully completed our review of written application materials. See the INS website (www.the-ins.org) for more information on the meeting. If selected applicants are unable to attend the meeting, or prefer to visit our program, we will arrange an on-site interview.

Eligibility
To be considered for our postdoctoral training program, an applicant must have completed a doctoral degree in Clinical or Counseling Psychology from an American Psychological Association (APA) accredited program and must have completed an APA accredited Psychology Pre-doctoral Internship. Certification of U. S. citizenship and drug screening are required for all VA Postdoctoral Fellows. In addition, VA employment requires that males born after December 31, 1959 must have registered for the draft by age 26.

The Neuropsychology Fellowship seeks and values diverse experiences and backgrounds as the building blocks of a rich training environment. Our program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, veteran status, and political affiliation. Fellows are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. The program seeks to admit trainees from diverse backgrounds while selecting the most qualified

candidates. As such, individuals from diverse backgrounds are strongly encouraged to apply. The VA is an Equal Opportunity Employer and the training program follows institutional guidelines in this regard.

Application Materials

Our program utilizes the APPA CAS system. Please access APPA CAS (APPIC Psychology Postdoctoral Application), a service of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Complete the basic demographic, education, clinical training information and transcripts required of all applicants for all APPA CAS programs. APPA CAS allows you to request letters of recommendation electronically, which are then uploaded by the letter writer.

Application materials must be received by *December12th, 2019*.

Please contact Jennifer Strang, Ph.D., ABPP-CN., Neuropsychology Training Coordinator, via electronic mail (preferably) at jennifer.strang@va.gov or by phone at (202) 745-8000 x58173 with any questions about the application process.

Training Setting

The Washington DC VA Medical Center is a 144-bed hospital that provides care to 78,000 Veterans in our catchment area on an outpatient basis. There is a nursing home (the Community Living Center, or CLC) located on-site. In addition, the medical center has six satellite outpatient clinics (CBOCs) located in Charlotte Hall, MD, northeast Washington, DC (the Community Resource and Referral Center, or CRRC), Fort Belvoir, VA, southeast Washington, DC, Prince George's County, MD, and Montgomery County, MD.

The DC VAMC is located in the heart of the District of Columbia, approximately 3 miles from the US Capitol, 4 miles from the White House, and in close proximity to a number of other federal agencies. Washington, DC is a vibrant, diverse city with many charming neighborhoods, exciting cultural opportunities (including the Smithsonian museums, which offer free admission!), extensive and excellent dining and nightlife options, a comprehensive public transportation system, and beautiful parks and trails providing access to outdoor recreational activities.

The Neuropsychology Postdoctoral Fellowship Program is one of four postdoctoral fellowship programs located at the Washington DC VAMC. All training takes place within the Medical Center and its six surrounding Community Based Outpatient Clinics (CBOCs). The DCVAMC is under the authority of the Veterans Health Administration (VHA). The VHA is the part of the U.S. Department of Veterans Affairs

that is responsible for providing health care for Veterans, as well as funding health research and training for health care providers.

The DC VAMC is a comprehensive medical center that treats male and female Veterans who have a wide array of medical and psychiatric illnesses needing treatment in both inpatient and outpatient settings and is considered to be a tertiary care, Complexity Level 1B facility. It provides comprehensive primary and specialty care in medicine, surgery, neurology and psychiatry. DC VAMC is part of the Veterans Integrated Service Network (VISN) #5. VISN 5 includes Washington DC, Baltimore and Perry Point, MD, and Martinsburg, Clarksburg, Beckley, and Huntington, WV. The DC VAMC is the designated Polytrauma Network Site for VISN 5. The DC VAMC is one of the few VA Medical Centers affiliated with four Medical Schools: The George Washington University, Georgetown University, Howard University, and the F. Edward Hebert School of Medicine, Uniformed Services School of the Health Sciences. DC VAMC is a participant of the National Capitol Consortium (a research-based consortium) and has an agreement with Walter Reed National Military Medical Center.

Training Model and Program Philosophy

The Neuropsychology Postdoctoral Fellowship Program at the Washington DC VAMC espouses the scientist-practitioner model consistent with Houston Conference Guidelines (Hannay, Bieliauskas, Crosson, Hammeke, Hamsher, & Koffler, 1998). Through the use of didactics, seminars, and individual and group supervision, the program trains Fellows to develop an advanced understanding of brain-behavior relationships; to develop advanced skills in neuropsychological evaluation and consultation; and to learn to interpret, adapt, and incorporate new clinical research findings from the literature in order to improve assessment validity and treatment effectiveness. The fellowship program is designed to be the capstone experience of formal training that leads to independent practice in the specialty of clinical neuropsychology.

Clinical Overview and Rotations

Throughout the course of the two-year post-doctoral fellowship in neuropsychology, the fellow will be provided with opportunities and training to develop a strong foundation of knowledge and skills pertinent to advanced clinical practice in neuropsychology. Through a variety of training-related activities, the fellow will learn fundamentals of neuropsychological assessment, neuroanatomy, and neuropathology. The fellow will complete a year-long rotation in the General Outpatient Neuropsychology Section, a year-long rotation in the Polytrauma Clinic, and two-year rotations in Consultation/Liaison Neuropsychology and Neuropsychological Intervention/Cognitive Rehabilitation. In addition, the fellow will participate in additional clinical opportunities as they arise (e.g., interdisciplinary MS Clinic through the MS Center of Excellence). Rotations are described in greater detail below.

Outpatient Neuropsychology:

The Outpatient Neuropsychology Section accepts referrals from all clinical departments within the Washington DC VAMC, including primary care, geriatrics, neurology, psychiatry, psychology, substance abuse recovery program, social work, infectious diseases (HIV, HCV), diabetes management, nephrology, and hepatology. Diagnoses seen are diverse and include the full range of psychiatric disorders, mild cognitive impairment, dementia/major neurocognitive disorder, concussion/traumatic brain injury, sleep disorders, multiple sclerosis, and ALS. A flexible battery approach is used based on the referral question and presenting concerns of the Veteran (and family members, if applicable). The fellow will be responsible for all aspects of the neuropsychological assessment process, including chart review, battery selection, clinical interviewing, cognitive test administration, scoring, interpretation, and report-writing, and provision of feedback to the Veteran. Faculty includes three full-time neuropsychologists (Drs.

Aucone, Strang, and Skalina), two of whom are board certified in clinical neuropsychology. We anticipate this to be a 12-month rotation and that the fellow would see at least 2 outpatient evaluations per week. There will be opportunities for the fellow to provide clinical supervision to neuropsychology interns and externs under a tiered supervision model during this rotation.

Consultation / Liaison Neuropsychology:
The Consultation / Liaison Neuropsychology Section provides a limited number of consultations to various inpatient services, including general medicine and neurology. Consults are typically placed by the inpatient service or consultation / liaison psychiatry. The most frequent referral questions relate to a Veteran's capacity to live independently and/or to make medical and financial decisions. Consultations are also sought to assist with discharge planning. The Neuropsychology Fellow will be expected to complete approximately 1-2 consultations per month. This experience is proposed to span the entire two years of the fellowship. Faculty includes three full-time neuropsychologists (Drs. Aucone, Strang, and Skalina).

Polytrauma Neuropsychology:
The Washington DC VAMC Polytrauma Network Site (PNS) provides individualized treatment for Veterans with traumatic brain injury (TBI) and comorbid medical and mental health conditions using an interdisciplinary model of care. The PNS outpatient care team is headed by physical medicine and rehabilitation physicians and includes neuropsychology, rehabilitation psychology, social work, nursing, speech-language pathology, occupational therapy, physical therapy, vision rehabilitation, vocational rehabilitation, prosthetics, recreational therapy, driver's rehabilitation, and other related specialties. Training on this interdisciplinary team offers a unique opportunity for the neuropsychology fellow to provide coordinated care to Veterans and their families.

The fellow will be supervised by the Polytrauma neuropsychologist (Dr. Carolyn Sherer), with additional supervision provided by the Polytrauma rehabilitation psychologist and physical medicine and rehabilitation physicians. Training in Polytrauma has some required components: neuropsychological and psychological assessment, providing individual psychotherapy, participating in weekly interdisciplinary team meetings, promoting Polytrauma VISN 5 interfacility coordination of care, and promoting outreach to rural Polytrauma Veterans (primarily through telehealth video sessions). Other opportunities may be available including: co-facilitating evidence-based cognitive rehabilitation groups (e.g., CogSMART/Brain Boosters, Social Cognition), participating in TBI-related research, facilitating didactics at VISN 5 Polytrauma meetings and other groupings, attending Polytrauma interdisciplinary grand rounds, and program development with allied disciplines.

Neuropsychological Intervention / Cognitive Rehabilitation:
This rotation is supervised by Drs. Jennifer Strang and Lynne Padgett, and is expected to span the entire two years of the fellowship. The neuropsychology fellow has the opportunity to co-facilitate a cognitive rehabilitation group, to provide individual cognitive rehabilitation treatment, and to provide individual and family psychotherapy focused on adjustment to neurological illness. The rotation also includes didactics via Project ECHO (described below).

Group cognitive rehabilitation: The cognitive rehabilitation group is an open and interactive group designed to help Veterans decrease common memory and attention complaints that affect daily activities. The group provides psychoeducation on the major factors that impact cognition (e.g., stress, substance abuse, sleep disturbance, chronic pain); provides resources for addressing these factors; and suggests strategies (e.g., external and internal compensatory strategies) to help improve cognitive

concerns and daily functioning. Currently, the group is available to Veterans participating in the Psychosocial Rehabilitation and Recovery Center (PRRC), the Substance Abuse Recovery Program (SARP), and the Blind and Low Vision Rehabilitation Program. Fellows will co-facilitate at least one of these groups with a psychology extern or intern, providing the Fellow with additional supervision experience. Additionally, depending on the Fellow's interest, there are opportunities to initiate groups in other clinics, such as the Geriatric Clinic, Neurology, and the Trauma Services Program.

Individual cognitive rehabilitation: Similar to the group, individual cognitive rehabilitation focuses on addressing factors that impact cognition and introducing compensatory strategies for managing cognitive concerns. The treatment is intended for Veterans who can benefit from a more individualized approach and/or to reinforce skills learned in the group.

Individual/family psychotherapy: Fellows will also maintain a psychotherapy caseload of 1-2 Veterans over the course of the fellowship. Therapy will focus on adjustment to neurological illness, such as Veterans recently diagnosed with mild cognitive impairment, dementia, multiple sclerosis, or cerebrovascular disease. In an effort to increase access to neuropsychology services for Veterans living in rural areas, psychotherapy may occur via VVC.

Cancer Related Cognitive Impairment (CRCI): Fellows can choose to participate in oncology focused cognitive rehabilitation in the outpatient setting. Opportunities include co-facilitation or leading a psycho-education group and individual cognitive rehabilitation.

Didactics/Project ECHO: Project ECHO is a program based at the University of New Mexico that hosts bi-weekly "virtual grand rounds" on a variety of medical conditions with a goal of bringing together clinicians to share knowledge and expertise. The neuropsychology fellow will participate in the Cognitive Rehabilitation TeleECHO, which includes bi-weekly didactics and case presentations.

Supervision and Evaluation

The Neuropsychology Fellow will receive at least two hours per week of face-to-face individual supervision, as well as group supervision by neuropsychology staff. In addition to individual supervision, Fellows will have the opportunity to provide tiered supervision to neuropsychology externs / practicum students and interns.

Fellows will be evaluated using the criteria that require the Fellow to meet the minimum level of achievement in all competency areas i.e., psychological and neuropsychological evaluation, psychological intervention, consultation and supervision, professional and ethical behavior, sensitivity to diversity issues, development of professional identities as Psychologists/Neuropsychologists, and integration of science and practice on their final evaluation completed at the end of the sixth rating period. This means that the Fellow must have 100 percent of items in competency areas rated as a 5 (postdoctoral exit level) or higher at program completion.

The fellow will be evaluated every six (6) months, for a total of four (4) evaluations over two years. If a Fellow does not receive a minimal threshold for ratings in any competency area, she/he will receive additional training in these areas, prior to the next rating period competency evaluations. If a Fellow receives a 1 (substantial supervision) on a competency item, substantial remediation will be required. If a Fellow receives a 2 (close supervision needed) or a 3 (some supervision needed) on a competency item, that competency will be targeted for additional training during the subsequent rating period.

The fellowship training program regularly evaluates its success as a training program. The Training Committee meets at least monthly and as needed to discuss the training program in terms of the Fellow's current achievements and areas for program improvement. The program uses multiple other sources of data and information that are reviewed to identify areas of improvement. These include the fellow's evaluation of supervisors, the fellow's evaluation of the overall training program, and the fellow's self-evaluation regarding their development as a Psychologist/Neuropsychologist.

Research Overview

Twenty-five percent (25%) of the fellow's time will be devoted to research. Fellows will engage in clinically relevant research and disseminate knowledge and information to the field through various methods including, but not limited to, poster presentations at national conferences, submission of manuscripts to peer reviewed journals, or grant proposals based on their research project. Fellows are encouraged to develop data that may lead to a publication or that they will submit to a scientific meeting during the course of the fellowship. Fellows are given appropriate leave to attend conferences. Fellows may participate in studies at various points in the research process, which may include: formulating a research idea, testing its feasibility for completion within this setting and within the time that is available, writing and submitting the IRB application, working with the R&D committee to obtain approval, initiating data collection, coordinating study activities, analyzing data, writing manuscripts, presenting results at national scientific meetings, publishing, and writing grant proposals.

One initiative that is in the initial stages of development within the Neuropsychology Section is the incorporation of a telehealth component. VISN 5 has several rural facilities that do not have consistent access to neuropsychology services. In an effort to increase access to neuropsychology services for these rural facilities, the neuropsychology service is working towards beginning to offer neuropsychological evaluations (including interview, testing, and feedback) via a secure, internet-based video connection. The Neuropsychology Fellow will be expected to take an active role in developing this unique service, including possibly carrying out an efficacy / program evaluation study.

Other opportunities for research also exist, including collaborating with other disciplines, such as neurology, health psychology/oncology, the Multiple Sclerosis Clinic, the sleep clinic, and the War-Related Injury and Illness Center (WRIISC). Past research projects within the neuropsychology service have included the role of cognitive rehabilitation in ameliorating cognitive weaknesses in Veterans diagnosed with MS; the effects of quality of education on neuropsychological test performance; and the relationship between prospective memory, executive functioning, episodic memory, and adaptive functioning.

Educational Activities

A. Joint Clinical Neuropsychology Fellowship Training Consortium

This training opportunity is a two-year curriculum that uses video teleconference (VTC) to facilitate involvement of multiple training sites, including Walter Reed National Military Medical Center, San Antonio Military Medical Center, VA Maryland Healthcare System, National Rehabilitation Hospital, University of Texas Southwestern Medical Center, and the Phoenix VA Healthcare System.

B. Weekly Neuropsychology Seminar

This weekly seminar includes faculty and trainee lectures, case conference/group supervision, journal club, and mock fact findings to help prepare fellows for board certification in clinical neuropsychology.

C. Neurology Grand Rounds
The Neurology Department holds lectures for all trainees/rotators, and many topics are relevant to the practice of neuropsychology.

D. Brain Cutting Conference
The Pathology Department holds brain cutting conferences on an approximately monthly basis to demonstrate neuroanatomy and neuropathological phenomena to interested trainees and faculty from all disciplines.

E. Cognitive Rehabilitation TeleECHO
Project ECHO is a program based at the University of New Mexico that hosts weekly "virtual grand rounds" on a variety of medical conditions with a goal of bringing together clinicians to share knowledge and expertise. The neuropsychology fellow will participate in the Cognitive Rehabilitation TeleECHO, which includes bi-weekly didactics and case presentations.

F. National Rehabilitation Hospital Didactics and Journal Club
National Rehabilitation Hospital is located across the street from the Washington DC VAMC and has its own formal postdoctoral training program in clinical neuropsychology. NRH faculty has historically welcomed DC VAMC neuropsychology trainees to attend their fellowship's weekly hour-long didactic seminar and journal club.

Training Faculty

Ernest J. Aucone, PhD, ABPP-CN: Dr. Aucone is board certified in clinical neuropsychology, and serves as the Program Manager for the Neuropsychology Section. He has been at the Washington DC VAMC since 2012. He did his graduate work at Nova Southeastern University, his internship at the Boston VA Healthcare System / Harvard Medical School, and his postdoctoral fellowship in neuropsychology at the University of Virginia. His clinical and research interests include differential diagnosis in dementia, traumatic brain injury, diagnostic decision-making, demographic and cultural influences on psychological tests, capacity assessment, and forensic neuropsychology.

Scott Levson, PsyD: Dr. Levson is a staff rehabilitation psychologist embedded in the Polytrauma team**.** He obtained his PsyD in Clinical Psychology from Chestnut Hill College. Dr. Levson provides individual and group psychotherapy to Veterans who have experienced brain injuries and/or related traumas. He also enjoys teaching and has held adjunct faculty appointments at Chestnut Hill College. Dr. Levson is certified in CPT for PTSD and integrates psychodynamic theories with DBT and ACT into his clinical work.

Lynne Padgett, PhD: Dr. Padgett is a staff health psychologist and works primarily with oncology, consult-liaison psychiatry and hospital medicine. She completed her PhD in counseling psychology at the University of Memphis and her pre-doctoral internship in medical psychology at the VAMC in Memphis, TN. Her post-doctoral training in rehabilitation psychology was at the Emory University School of Medicine. She has an extensive assessment background and has worked in both hospital medicine and oncology as a clinician and researcher. Her research interests are cancer-related cognitive impairment and psychosocial and palliative care in cancer, as well as decision-making in cancer care. Her clinical interests are focused on maximizing patient's physical and cognitive function in the context of cancer and palliative care.

Barbara Schwartz, PhD: Dr. Schwartz is a Social Science Analyst at the Washington DC VAMC and Associate Professor in the Department of Psychiatry at Georgetown University School of Medicine. As a research psychologist, she has led a neurocognitive research program in the Mental Health Service at the DC VAMC. Her research extends from basic studies of human cognition to clinical trials designed to improve neurocognition and social cognition in neuropsychiatric populations. Her research group has used a variety of methodologies including experimental cognitive and behavioral tasks, eye tracking, brain imaging, and pharmacological challenges to study neurobiological impairment in clinical disorders. Her recent research examines the beneficial effects of exercise and physical activity on cognition and health in veterans.

Carolyn Sherer, PsyD: Dr. Sherer is a staff neuropsychologist embedded in the Polytrauma team. She completed her PsyD at the University of Indianapolis and her pre-doctoral internship at the Illiana Veteran's Administration (VA) Health Care System in Danville, Illinois. Her post-doctoral training was in rehabilitation neuropsychology at the University of Virginia (UVA) and UVA-HealthSouth. She returned to the VA in 2018. Her clinical and research interests include acquired brain injury (e.g. traumatic brain injury and stroke) and assessment of effort.

Lauren Skalina, PhD: Dr. Skalina is a staff neuropsychologist for the Neuropsychology Section. She earned a PhD in clinical psychology at American University and completed a pre-doctoral internship in the VA neuropsychology track of the VA Maryland Health Care System/University of Maryland-Baltimore Psychology Internship Consortium. Dr. Skalina has been at the Washington DC VAMC since 2015 as a postdoctoral fellow in clinical and research neuropsychology at the War Related Illness and Injury Study Center (WRIISC) and transitioned into a staff position in 2017. Her clinical and research interests include differential diagnosis of dementia, neuropsychological functioning in movement and demyelinating disorders and other neurological conditions, and the impact of health-related behaviors (e.g., sleep, exercise) on cognition.

Jennifer M. Strang, PhD, ABPP-CN: Dr. Strang is board certified in clinical neuropsychology, and serves as the Training Coordinator for the Neuropsychology Section. She has been at the Washington DC VAMC since 2014. She completed her graduate work at Arizona State University, her pre-doctoral internship at the Buffalo VAMC/VA Western New York Health Care System, and her postdoctoral fellowship in clinical and rehabilitation neuropsychology at Rehab Without Walls in Phoenix, AZ. Her clinical and research interests include cognitive rehabilitation, traumatic brain injury, neurocognitive aspects of psychiatric disorders, and differential diagnosis in dementia.